## **Camp Levels:**

**Beginner:** The beginner camp is geared more toward our younger keepers who are just learning the game. We will focus on catching and body position as well as other simple techniques that are the first steps in being a keeper.

**Developmental:** The developmental camp is for players that have a few years of experience and are looking for more repetition and teaching to continue to build and develop there skills.

**Elite:** The elite camp focuses on goalkeepers looking to refine their technical understanding and skills in preparation for the next level. We will focus on shot-stopping, diving, winning balls in the air and reaction saves all in an intense and demanding environment.

## Staff:

**Camp Director**: Sean Brennan, Assistant/ Goalkeeper Coach for University of North Carolina at Pembroke, Former Starting Goalkeeper for Methodist University

Assistant Director: Seth Lowther, Assistant/ Goalkeeper Coach Belmont Abbey College, Former Starting Goalkeeper for

Belmont Abbey College College Goalkeepers

**Dates:** July 29<sup>th</sup>, 30<sup>th</sup>, 31<sup>st</sup> **Time:** 9:00a.m. - 11:00a.m. **Cost:** \$65.00 **Ages:** 10 -18

Camp Location: Rotary Park, 2200 Mayberry Loop Rd., Morehead City, NC 28557

Checks payable to: Sean Brennan

Registration: Morehead City Parks & Recreation Department, 1600 Fisher Street, Morehead City, NC 28557

To submit by mail: MCPRD, 706 Arendell Street, Morehead City, NC 28557

Questions/Contacts: Sean Brennan at 804-615-1218, sean.brennan@uncp.edu or Jerry Riggs at 252-726-5083 ext.4, jriggs@bizec.rr.com

	G	oalkeeper Ac	ademy Registrati	on		
Player's Name:			Camp Level (circle):	Beginner	Developmental	Elite
Address:						
Age: DOB:	Gender:	Phone#:	Email:			
and appointed offi instructors, and ad claims, and demand child in consequence.  I hereby ac required to carry an coverage for myself.  I have read to do so and to con	cials, the Morehe ministrators of the dis for or by reasor ce of participation cknowledge and a y insurance protest and child.  and understand the sult anyone of my is hereby grante	and City Parks as a Morehead City of any damage, by said person in dmit that the Moction for the part his Release of Liachoice.	orehead City Parks and icipants and thereby do ability, and acknowledg	ment, and Department reafter may d Recreation agree to p e that I hav	all the staff, part, from any and any be sustained by an Department slarovide individual are had time and controls.	articipants, all actions, y me or my hall not be I insurance
Name (Prir	nt)	Parent/Guar	dian Signature		Date	